



Economic and Social Council

Distr.
LIMITED

E/ICEF/1998/P/L.18
17 November 1997

ORIGINAL: ENGLISH

UNITED NATIONS CHILDREN'S FUND
Executive Board
First regular session 1998
26-28 and 30 January 1998
Item 8 of the provisional agenda*

FOR INFORMATION

COUNTRY NOTE**

Maldives

SUMMARY

The Executive Director presents the country note for Maldives for a programme of cooperation for the period 1999 to 2003.

THE SITUATION OF CHILDREN AND WOMEN

1. Realization of the rights of children in Maldives, including the provision of quality services, faces several key challenges. Budgets, while recently increasing, are subject to the uncertainties of the fishing and tourism sectors. The Government allocates around 30 per cent of its annual budget to social services. However, there is a persistent imbalance of services between Malé and the atolls, among atolls and among islands in the same atoll.

2. Major progress has been achieved in the last 20 years in relation to child survival and development, but important challenges remain. Between 1980 and 1995, infant mortality has been reduced from 93 to 32 per 1,000 live births, child mortality from 109 to 46.9 per 1,000 live births, and maternal mortality from 450 to 202 per 100,000 live births. Acute respiratory infections (ARI) and thalassaemia (any group of hereditary blood disorders) continue to threaten children's survival. Immunization coverage has been maintained at 92 per cent for all antigens. Malnutrition among children is pronounced - 30 per cent stunted, 17 per cent wasted and 43 per cent under weight (1995). Anaemia and iodine deficiency disorders are also problems. Universal access to safe drinking water and sanitation has been achieved for the urban population; on the

* E/ICEF/1998/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 1998.

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atolls current access is only 85 and 26 per cent, respectively (1994). Consequently, diarrhoea, intestinal parasitic diseases and skin infections contribute significantly to child morbidity.

3. In primary education, net enrolment is 97 per cent. However, achieving universal completion remains a challenge. The poor quality of education results in 53 per cent leaving at or before grade 7 and only 19 per cent completing secondary education. Many school-leavers are unprepared for the labour market and vulnerable to juvenile crime, drug abuse, and early marriage and parenthood.

4. While gross violations of children's rights are not apparent in Maldives, serious protection concerns revolve around family instability characterized by early marriages (85 per cent married by 19 years old), a high divorce rate (75 divorces per 100 marriages) and high fertility rates (6.3). This leaves children vulnerable to neglect, abandonment, abuse and emotional instability. There are few gender disparities among children. However, the traditional role of women constrains their enrolment in upper and vocational education, and limits their participation in the labour force and in decision-making.

LESSONS LEARNED FROM PAST COOPERATION

5. The policy framework of the previous programme of cooperation (1994-1998) was based on the Government's commitment to fulfilling the needs of children and safeguarding their basic human rights. Based on the World Summit for Children, the Convention on the Rights of the Child, the Convention on the Elimination of all Forms of Discrimination against Women, a national programme of action (1992) and national development plans, the programme focused on empowering women to influence and control their health, nutritional and educational situations.

6. Service delivery programmes have been increasingly successful, but require quality improvements through technical assistance, capacity-building and advocacy. The expanded programme on immunization has strengthened the health system and facilitated services to remote islands through the establishment of mobile health teams, thus greatly increasing community capabilities to maintain good health. This approach has also been adopted in relation to nutrition. Nevertheless, some programmes will benefit from better targeting, e.g. focusing the non-formal education programme on those most in need - the school drop-outs. Coverage of other activities, such as early childhood development, can now be expanded. New thinking and approaches are also needed in some areas. For example, to meet household water supply needs, UNICEF has supported the collection and storage of rainwater through the provision of water tanks; however, in the coming decade, this source of water may not be adequate. Alternative methods of safe excreta disposal must also be sought, with greater attention given to hygiene education.

7. The serious shortage of skilled human resources slows down developmental activities. The mid-term review (MTR), held in September 1996, recommended the gradual phasing down of UNICEF cooperation in service delivery support, with a greater emphasis on local capacity-building through training and advocacy. This, in turn, will increase programme sustainability.

PROPOSED COUNTRY PROGRAMME STRATEGY

8. The strategy meeting, held in August 1997, was chaired by the Deputy Director of the Ministry of Foreign Affairs, and was attended by the heads of all sectors and representatives from the Ministries of Health, Education, Women's Affairs and Social Welfare, and Planning, Human Resources and Environment.

9. Since ratifying the Convention on the Rights of the Child in 1990, the Government of Maldives has accorded priority to the realization of these rights through a number of progressive social policies. The objective of the 1999-2003 programme of cooperation is to assist the Government to fulfil its obligations to children and women according to the provisions of the two Conventions. Among these, gender equality, malnutrition, safe water and sanitation, maternal mortality and the quality of education remain challenging areas. UNICEF support aims to focus interventions on these issues by mobilizing resources and increasing the capacity of Government and other organizations.

10. Guided by the principle of self-reliance, the National Development Plan, 1997-1999, defines development as a process for achieving sustained improvement in the standard of living with a view to strengthening national unity and social cohesiveness. UNICEF support to the plan will focus on the development of human resources. Local non-governmental and community organizations will be mobilized through support and training to increase their capacity to participate in development activities. The human resources in government sectors will also be developed through training programmes.

11. Specific programme objectives will be to: (a) reduce the prevalence of malnutrition to below 20 per cent by the year 2000 as well as the levels of anaemia; (b) reduce the maternal mortality rate by 50 per cent; (c) sustain immunization coverage of 95 per cent and reduce ARI; (d) increase access to safe drinking water and sanitation; (e) improve the quality of education and increase the retention rate; (f) support and advocate for strengthening the role of women in society; and (g) promote decentralization, including through atoll- and island-based information and monitoring systems, and programme sustainability.

12. Children's health efforts will support immunization services and training for the prevention and treatment of ARI. To improve women's health, the programme will increase and sustain access to safe delivery and promote improved maternal nutrition, in coordination with the United Nations Population Fund (UNFPA). Support will be given to upgrade the existing regional public health units and information systems as well as to increase atoll capacity for managing community health care through decentralized planning. UNFPA, in a complementary role, is focusing on women's health and development in maternal mortality and morbidity programmes.

13. In education, capacity-building will emphasize improving the quality of education by upgrading teaching personnel and reviewing the curriculum in line with local requirements. Of major importance is the expansion and decentralization of English language training for teachers to Atoll Education Centres. Support will be given to the development of a more relevant curriculum geared to social transformation that is appropriate to the culture and opportunities of Maldives.

14. The nutrition strategy will focus on a complete assessment and analysis of the incidence of stunting, wasting and micronutrient deficiencies. A regular mass de-worming schedule will be introduced. A community-/island-based strategy will be developed for the prevention of malnutrition through measures to promote exclusive breast-feeding, home gardening and awareness of micronutrient deficiencies.

15. The strategy for water and sanitation will support the exploration of alternative technologies for collecting and storing safe water for domestic use and for the safe disposal of excreta. A balanced approach will be promoted, combining hygiene education services, advocacy for new technologies, capacity-building and the provision of materials.

16. Child protection will involve strengthening the capacity of the Unit for Rights of the Child and its activities to promote awareness of rights through training workers at all levels, improve monitoring and follow up on violations reported to the Unit. Gender and development will involve capacity-building through the Island Women's Committees for training female teachers and community health workers, organizing preschools, managing prenatal clinics and assisting entrepreneurship.

17. Social mobilization and advocacy will support and will be carried out largely through all the above programmes. Information and training will enable professionals to incorporate child rights issues into their activities and will assist the public to become more aware of issues relating to children, the Convention and, thus, their responsibilities as parents and members of the community. Efforts will be supported to improve legislation affecting women and children. Continued advocacy is required to ensure formal endorsement of the draft National Plan of Action for Women. Supplementary funding will be sought for expanding coverage of activities in key programme areas.

18. The United Nations agencies resident in Maldives - the United Nations Development Programme, UNICEF, UNFPA and the World Health Organization - exchange information through regular meetings and technical collaboration. An inter-agency working group is established for HIV/AIDS and another is planned on nutrition. Activities are also coordinated with the bilateral agencies working in Maldives. Collaboration in advocacy among United Nations system organizations is planned in several areas. The UNICEF situation analysis will form part of the Common Country Assessment to be prepared in 1998.

19. Monitoring will be disaggregated by region, using atoll-/island-level data collection systems. Evaluations will be carried out for a more thorough understanding of coverage, impacts, cost-effectiveness and implementation processes in selected programmes.

ESTIMATED PROGRAMME BUDGET

Estimated programme cooperation, 1999-2003 a/
(In thousands of United States dollars)

	<u>General resources</u>	<u>Supplementary funds</u>	<u>Total</u>
Health	879	-	879
Education	1 062	350	1 412
Nutrition	410	-	410
Water and sanitation	300	400	700
Child protection	197	150	347
Gender and development	298	100	398
Social mobilization and advocacy	70	-	70
Monitoring and evaluation	<u>412</u>	<u>-</u>	<u>412</u>
Total	<u>3 628</u>	<u>1 000</u>	<u>4 628</u>

a/ These are indicative figures only which are subject to change once aggregate financial data are finalized.
